Ontario Health atHome

Parenteral Nutrition (PN) Order Form

Patient Information: ***Bayshore Pharmacist Phone: 1-888-313-6988***

HCN: **Version Code:**	**Name:**
Date of Birth:	**Address** *(include Postal Code)*:
Phone:	
Patient Weight: **kg** **Patient Height:**	**Sex:** ☐ M ☐ F
Coordinator Name:	**Care Coordinator Phone:**
First Dose: (dd/mm/time)	**Deliver: (dd/mm)**

Diagnosis:

Route: Central (PICC, Port-a-Cath: Size _____ , (Hickman, Midline) Hospital Initiation Date: _____

Frequency: ☐ Administer daily or ☐ Other: _____

PN Order: ***(Each bag will contain the following – note ONE bag/day)***

Amino Acid	***Dextrose***	***Bag Volume***	***Fat Emulsion to be added***
(e.g. Travasol ® without electrolytes) _____ % *(Suggested: 5%)*	_____ % *(Suggested: 16.6%)*	_____ ml (amino acids/dextrose)	_____ % _____ ml *(e.g. Intralipid 20%, SMOFLipid 20%, Clinoleic 20%)*

Note: *SMOFLipid 20% requires LU code 525 for ODB coverage in ADULTS, Clinoleic 20% requires LU code 579*

Total Volume (Bag Volume + Fat Emulsion) = _____ ***mL (Use this volume to calculate Rate)***

****Total Volume Should End In ZERO for Pump Programming****

Rate Total Volume to be infused over _____ hours / day starting at _____ (time)

Electrolytes	***Ordered (mmol / day)***	***Average adult requirement***
☐ Sodium		80 – 120 mmol / day
☐ Potassium		60 – 180 mmol / day
☐ Magnesium		5 – 15 mmol / day
☐ Calcium		5 – 10 mmol / day
☐ Phosphate		20 – 45 mmol / day
☐ Chloride	Calculated	
☐ Acetate	Calculated	

Trace Elements:

☐ MTE-6 Conc. ® _____mL / day

(standard 1 ml/day)

The following are to be added to the PN bag before infusion:

☐ ***Daily***

☐ Multiple Vitamins (Multi – 12) 10 mL (vial 1 + vial 2) daily

☐ Pediatric Multiple Vitamins (Mult-12/K1)

☐ Other: _____

☐ ***Weekly***

☐ Vitamin K _____ mg

☐ Vitamin K 10mg

☐ Other: _____

NOTE: Some Additives may require EAP approval and will need to be confirmed *(Multi Vitamin & Vitamin K do NOT as of April 30.2019)*

Duration of Tx: _____ (days/weeks/months)

Blood Work: CBC (to include Hb + platelets), PT(INR), PTT, Fasting Glucose, Electrolytes, Urea, Creatinine, Total Protein, Albumin, Calcium, Phosphate, Magnesium, Total Bilirubin, Alk Phos, AST, ALT, Cholesterol, Triglycerides, Serum Osmolality

Ordering Physician /Nurse Practitioner	**CPSO / CNO#:**	**Contact Information for Ordering Physician**
Name: _____ Signature: _____ Date: _____		Phone: _____ Fax: _____ After Hours: _____ Pager: _____

Monday – Friday
0830 – 1630

Campbellford Memorial Hospital
Fax: 844-631-5800

Haliburton Highlands Health Services
Fax: 844-709-3779

Northumberland Hills Hospital
Fax: 844-631-5801

Lakeridge Health Bowmanville
Fax: 844-631-5802

Lakeridge Health Oshawa
Fax: 905-444-2516

Lakeridge Health Port Perry
Fax: 844-631-5803

Markham Stouffville Uxbridge
Fax: 844-631-5803

Ontario Shores
Fax: 844-631-5803

Peterborough Regional Health Centre
Fax: 855-444-9628

Scarborough Health Network/Scarborough Hospital – Birchmount Site
Fax: 844-631-5804

Scarborough Health Network – General Campus
Fax: 844-631-5805

Ross Memorial Hospital
Fax: 844-631-5806

Scarborough Health Network – Centenary Site
Fax: 844-631-5808

Lakeridge Health – Ajax/Pickering
Fax: 905-444-2524

Whitby Hospital
Fax: 905-665-2405